

Aug. 23, 1999

Director
Food & Drug Administration

Dear Dave Hendy —

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I am deeply concerned, and very much upset,
about the U.S. policies regarding artificial
practices with our food products. Specifically:

- : the use of anti-biotics as applied to livestock
(cows, poultry, etc.)
- : the use of chemical (hormone, etc.) injections,
as with cows, for higher yield, as regarding
milk, etc.
- : the practice of genetic altering of seed crops, etc.
- : ETC.!

There is a huge, rich agri-chemical industry in
our country (specifically as represented in companies
like Monsanto) that is wrecking havoc upon the
food that we eat and, eventually, upon our own
bodies.

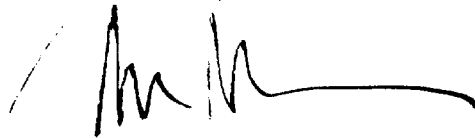
I am against these practices that the
agri-chemical industry is pushing on us. (Before it
was DDT. How long did it take us to wake up to
the danger of pesticides? Now it is playing with

processes that run deeper in our lives/the life of animals and other food products — which I fear will not be so "easy" to correct.)

I enclose an article from the N.Y. Times, August 20. The overuse, abuse of anti-biotics by doctors in humans is only part of the problem; it is clearly related to the use of anti-biotics in livestock that we ingest — that then breeds such drug-resistant germs.

The use of anti-biotics in the food industry
must be stopped now (Now!), as was done with DDT practices. Hopefully this will give us a chance and prevent larger, catastrophic situations of which the Minnesota/No. Dakota incident will be only a small warning.

Sincerely,



Malcolm Goldstein

P.O. Box 134

Sheffield, VT. 05866

After 4 Deaths, Scientists Fear Germ's Threat

By SHERYL GAY STOLBERG

WASHINGTON, Aug. 19 — More than 200 people in Minnesota and North Dakota have become sick — and four children have died — over the past two years after becoming infected with a drug-resistant germ that until recently had been confined to hospitals and nursing homes, Federal health officials said today.

The fatalities are the first to be reported outside hospitals in the United States and are worrisome because they suggest that a lethal strain of the germ, *Staphylococcus aureus*, may threaten the public. It is not known whether the germ has spread to other parts of the country, although some cases were reported last year in Chicago and Tennessee.

"These serve as a warning sign, sort of like the canary in the coal mine, that there may be problems that lie ahead," said Dr. Tim Naimi, the medical epidemiologist who investigated the outbreak for the Centers for Disease Control and Prevention, a Federal agency whose headquarters are in Atlanta. "It's sort of like an old fox has gotten into a new and much larger henhouse."

Staph germs exist in the nostrils and skin and can be passed through hand-to-hand contact but are typically harmless unless they enter the body through a cut or a scrape, which allows them to enter the blood and attack a variety of organs. There are drugs that kill the resistant

Lethal Strain of Germ May Pose Threat to Public Health

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germ. But unless doctors have tested for it, patients may not be treated in time. And because it is difficult to tell when a patient is infected, the disease control agency is urging health-care providers to obtain cultures from people who may have illnesses caused by bacteria.

Dr. Naimi said parents should not be alarmed but should take common-sense precautions, like cleaning out infected cuts, washing hands frequently and seeking medical care if their children appear sick.

But other experts said the deaths, which are being reported in Friday's issue of the agency's Morbidity and Mortality Report, were a frightening development.

"That's scary," said Dr. Stuart B. Levy, director of the Center for Adaptation Genetics and Drug Resistance at Tufts University. Dr. Levy said it was particularly unsettling that robust youngsters lost their lives, as opposed to newborns, the elderly or people with immune disorders, who are more vulnerable.

"If we have kids dying of staph aureus infection in our communities," he said, "it tells us there is something wrong."

The identities of the dead children were not made public, and the disease control agency provided only sketchy details of their cases. The children ranged in age from 1 to 13 and had a variety of symptoms, including extremely high fever, rash, dangerously low blood pressure and difficulty in breathing. All were treated in hospitals with very power-

ful antibiotics that should have worked. But they did not because the children's doctors had not expected to see infection with a drug-resistant germ and thus did not realize quickly enough that the children needed such strong medication.

"The physicians were essentially blindsided," Dr. Naimi said, "because this problem is so new."

The victims included a 7-year-old African-American girl from urban Minnesota, who died in July 1997 after doctors diagnosed an infection in her right hip joint that eventually spread through her bloodstream to her lungs; a 16-month-old American Indian girl from rural North Dakota who died in January 1998, two hours after being admitted to a hospital with a fever of 105 degrees, dangerously low blood pressure and a rash; a 13-year-old white girl from rural Minnesota who died last January, seven days after she arrived at a hospital coughing up blood, with pneumonia eating away at her lung tissue, and a 1-year-old white boy from rural North Dakota who died last February after suffering a lung infection that rapidly developed into pneumonia.

That the cases were scattered across the two states and the children are racially diverse suggests that the germ is widespread across the region, Dr. Naimi said.

He called the deaths the "tip of the iceberg" and said at least 200 other people, most of them children and healthy young adults, had also been infected. Those cases were not included in Friday's article and because they were still being investigated he said he could not elaborate

except to say that the patients had recovered.

For the past decade, experts have been warning that misuse of antibiotics is creating a wave of drug-resistant bacteria, or "superbugs," and that doctors are running out of medications to control them. The current outbreak, experts say, is another another unsettling example of that trend.

"People are getting staph infections all the time," said Dr. Joshua Lederberg, a leading expert in antibiotic resistance at Rockefeller University in Manhattan. "Habitually, we have just reached for the nearest antibiotic. We haven't worried about it. Now we have to worry about it."

Staph is a common organism; about one in five people carry the germ, and in most of them it causes no harm. The earliest cases of drug-resistant staph infections were reported in hospitals in 1968 and were given the abbreviation M.R.S.A., for methicillin-resistant *Staphylococcus aureus*. (Methicillin is a close cousin of penicillin.) Eventually, the bacteria became resistant to two large families of drugs, the penicillin family and the cephalosporin family, which together make up a class known as beta-lactam antibiotics.

If treated quickly enough, the germs will succumb to an antibiotic called vancomycin, but doctors regard it as the drug of last resort; they try to use it as infrequently as possible so that germs do not develop resistance to it, too.

Beta-lactams are the most widely used antibiotics, both in outpatient clinics and in hospitals, Dr. Naimi said. By 1997, the disease control

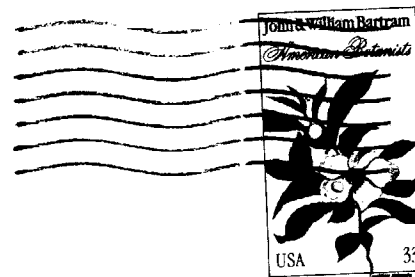
agency said, half of all hospital-acquired staph infections were resistant to these drugs, up from 2 percent in 1974. These infections often kill the hospital patients who acquire them. In New York City alone, methicillin-resistant staph infection killed 1,409 people in 1995, said a recent report by the Institute of Medicine, an arm of the National Academy of Sciences.

Until recently, most experts believed that only intravenous drug users or people in hospitals or nursing homes became infected with M.R.S.A. germs. But last year, the Journal of the American Medical Association published a study that documented cases of "community-acquired M.R.S.A." in otherwise healthy children in Chicago. Dr. Naimi said there had also been recent cases in a day-care center in Tennessee.

But Dr. Levy of Tufts University said some experts refused to believe the reports. He gave a talk about the recent infections at a conference of microbiologists in May, he said. "Some people denied that it exists," he said, insisting that the infected patients "must have passed through a hospital at some point."

None of the children who died in Minnesota and North Dakota had visited a hospital or nursing home, Dr. Naimi said, nor did they have any exposure to anyone who did. He said the lethal bacteria appear to be a slightly different strain from those typically found in health care institutions, suggesting that the staph bugs did not escape from the hospital, but rather mutated in the environment. "We don't know how it happened," he said.

Golden
P.O. Box 134
Sheffield, VT
05866



Tare Henry
Food & Drug Administration
5600 Fishers Lane
Rockville, Md. 20857